STATE OF NEW HAMPSHIRE

FIRST RESPONDER PRACTICAL EXAMINATION

07-01-98



NH Office of Health Management Bureau of Emergency Medical Services

State of New Hampshire First Responder Practical Skill Sheets

PATIENT ASSESSMENT/MANAGEMENT TRAUMA

| Candidate | Date | | |
|---|--|--------------------|-------------------|
| Evaluator | Start time | Stop time | |
| Time Allowed: 10 minutes | Scenario # Tota | al Time | |
| | | Points Possible | Points Awarded |
| Takes or verbalizes body substance isolation precautions | | | |
| SCENE SIZE-UP: scene safety i | nformation will be provided by the | e evaluator | |
| Requests additional help | | 1 |] |
| INITIAL ASSESSMENT | | | |
| Verbalizes general impression of pat | ient | 1 | |
| Stabilizes or directs stabilization of s | | 1 | |
| Determines responsiveness | | 1 | |
| Airway | Assess | 1 | |
| | Manage | 1 | |
| Breathing | Assess | 1 | |
| | Manage | 11 | |
| Circulation | Assess pulse | 1 | |
| | Assess bleeding | 1 | |
| , | Assess skin (color, temp., and condition | on) 1 | |
| Identify priority patient/make transport decision 1 | | | |
| PHYSICAL EXAMINATION | DOTS: | | |
| Assesses the head | Inspect and palpate | 1 | |
| Assesses the neck | Inspect and palpate | 1 | |
| Assesses the chest | Inspect and palpate | 1 | |
| Abdomen | Assess the abdomen | 11 | |
| Pelvis | Assess the pelvis | 1 | |
| Assess the extremities | 1 point for each extremity | 4 | <u> </u> |
| Obtains S.A.M.P.L.E. history | | 1 | |
| Manages secondary injuries and wounds appropriately | | 1 | <u> </u> |
| Verbalizes ON-GOING ASSESSMENT | | 1 | |
| | TOTAL: | 25 | <u> </u> |
| CRITICAL CRITERIA | 1 10 1 | | |
| Did not establish spinal protection upon initial contact with patient. | | | |
| Did not maintain spinal protection throughout. Did not identify need for immediate transport. | | | |
| Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion) | | | |
| Did not manage/provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion) | | | |
| Did other detailed physical examination before assessing and managing the airway, breathing and | | | |
| circulation. | | | |

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BLEEDING CONTROL / SHOCK MANAGEMENT

| Candidate | . Date _ | | | | |
|---|----------------------|---------------|-----------|--|--|
| Evaluator | Start time | Stop time | | | |
| Time Allowed: 10 minutes | Total Time | e | - | | |
| Scenario# | - | | | | |
| | | Points | Points | | |
| | | Possible | Awarded | | |
| Takes or verbalizes body substance isolat | ion precautions | 1 | | | |
| Applies direct pressure to the wound | | 1 | | | |
| Elevates the extremity | | 11 | | | |
| Note: the evaluator must now inform the | e candidate that the | wound conti | nues to | | |
| bleed. | nd . | 1 | <u> </u> | | |
| Applies an additional dressing to the wour Note: the evaluator must now inform th | o candidate that the | hleeding is c | ontrolled | | |
| Applies a pressure dressing to the wound | e candidate that the | 1 | | | |
| Bandages the wound | | 1 1 | | | |
| Note: the evaluator must now inform th | e candidate that the | wound has s | tarted to | | |
| bleed again. | | | <u>r</u> | | |
| Locates and applies pressure to appropria | | 1 | | | |
| Note: the evaluator must now inform the candidate that the bleeding is controlled And that the patient is showing signs and symptoms indicative of shock. | | | | | |
| Properly positions the patient | | 1 | | | |
| Initiates steps to prevent heat loss from th | e patient | 1 | | | |
| Indicates need for immediate transportation | n | 1 | | | |
| | TOTAL: | 10 | | | |
| CRITICAL CRITERIA | | | | | |
| Applies tourniquet before attempting other methods of bleeding control Did not control hemorrhage in a timely manner Did not indicate a need for immediate transportation | | | | | |

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UPPER AIRWAY ADJUNCTS AND SUCTION

| Candidate | Date | | | |
|--|--|----------------|-----------------------|-------------------|
| Evaluator | Start time | time Stop time | | |
| Time allowed: 5 minutes | Total Time | | | |
| OROPHARYN | GEAL AIRWAY | | | |
| | | | Points Possible | Points Awarded |
| Takes or verbalizes body substance isolation precau | utions | | 11 | |
| Measures airway | | | 1 | |
| Inserts airway without pushing the tongue posterior | / | | 1 | |
| Removes oropharyngeal airway | | | 1 | |
| | TION | tio orombor | wy/nacan | hanuny |
| Note: the evaluator must advise the candidate to | sucuon ine patien | t s Ororpiiai | <i>γπλπα</i> δυμ 1 | iiai yiix |
| Turns on/ prepares suction device | | | 1 | |
| Assures presence of mechanical suction | | | 1 | |
| Inserts suction tip without suction Applies suction to the oropharynx (< 15 seconds) | ///////////////////////////////////// | | 1 | 3.1 |
| NASOPHARYN | IGEAL AIRWAY | | | |
| Note: the evaluator must advise the candidate to | insert a nasophar | yngeal airwa | у | |
| Measures airway | | | 1 | |
| Verbalizes lubrication of the nasal airway | | | 1 | · |
| Fully inserts the airway | | | 1 | |
| | 10 | TAL: | 11 | |
| CRITICAL CRITERIA Did not select proper size airway (oral or na Did not properly place airway (oral or nasal) Did not demonstrate proper suctioning technology Suctioned for > 15 seconds | | | | |

State of New Hampshire First Responder Practical Skill Sheets

MOUTH - TO - MASK

| Candidate | Date | | | |
|--|--------------|---------------|----------|---------|
| Evaluator | Start time _ | ime Stop time | | |
| Time Allowed: 5 minutes | | Total Time | | |
| | | | | |
| | | | | |
| | | | Points | Points |
| | | | Possible | Awarded |
| Takes or verbalizes body substance isolati | ion precauti | ions | 1 | |
| Connects one-way valve to mask | | | 1 | |
| Opens airway (manually or with adjunct) | 3 | | 1 | |
| Establishes and maintains a proper mask | to face seal | | 1 | |
| Ventilates the patient at the proper volume (adequate chest rise/10 - 20 breaths per minute) | and rate | | 1 | |
| Note: the evaluator must witness ventile | ations for a | at least 30 s | econds | |
| | | Total: | 5 | |
| CRITICAL CRITERIA | | | | |
| Did not maintain mask to face sea | 1 | | | |
| Did not provide proper volume per | breath | | | |
| (more than 2 ventilations per minu | ute are belo | w 800 ml) | | |
| Did not ventilate the patient at 10 - | | s per minute | | |
| (more than 1 error in 30 seconds) | | | | |
| Did not allow for complete exhalat | ion | | | |